PTO/SB/06 (12-04)
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O.Iu	PAT	Application of Docket Number									
Substitute for Form PTO-875  APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN SMALL ENTITY	
	FOR	NU	MBER FILED	NUMBE	R EXTRA	RATE (	RATE (\$) FI			RATE (\$)	FEE (\$)
	C FEE FR 1.16(a), (b), or (	c))	N/A		N/A		N/A			N/A	
SEAF	RCH FEE FR 1.16(k), (i), or (n		N/A	N	√A	N/A				N/A	
EXA	MINATION FEE FR 1.16(o), (p), or (		N/A	N	N/A	N/A				N/A	
TOTA	AL CLAIMS FR 1.16(i))	7	minus 20	= •		x	=		OR	x =	
INDE	PENDENT CLA FR 1.16(h))	IMS	minus 3			x	=			x =	
APPI FEE	LICATION SIZE	sheets is \$250 additio	of paper, the (\$125 for sinal 50 sheet	and drawings e application si mall entity) for e s or fraction the G) and 37 CFF	ze fee due each ereof. See						
MUL	TIPLE DEPEND	ENT CLAIM PF	RESENT (37 CF	R 1.16(j))		N/A				N/A	
• If th	ne difference in c	olumn 1 is less	than zero, ent	er "0" in column 2	TOTA				TOTAL	_	
APPLICATION AS AMENDED – PART II  //						SM	SMALL ENTITY			OTHER THAN SMALL ENTITY	
AMENDMENTAN		CLAIMS REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
뼿	Total (37 CFR 1.16(I))	.20	Minus	" 2 <b>0</b>	* Ø	х	=		OR	x /8 =	Ø
	Independent (37 CFR 1.16(h))	.3	Minus	··· 3	<b>"Ø</b>	x	=		OR	x <i>88</i> =	9
	Application Siz	e Fee (37 CFR					]				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A			OR	N/A	7
					TOTAL ADD'L F	EE _		OR	TOTAL ADD'L FEE	$\mathscr{L}$	
ł		(Column 1)		(Column 2)	(Column 3)						
TE		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
NEN I	Total (37 CFR 1.186))	•	Minus	**	=	x	=		OR	x =	
AMENDA	Independent (37 CFR 1.16(h))	•	Minus	***	=	x	=		OR	x =	
ME	Application Siz	e Fee (37 CFR	1.16(s))				$\Box$		]		
^	FIRST PRESENT	TATION OF MUL	TIPLE DEPENDE	ENT CLAIM (37 CF	FR 1.16(j))	N/A			OR	N/A	
	· ·		-			TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE	
1 .	** If the "Lighaet	Number Previo	usly Paid For usly Paid For	in column 2, wri IN THIS SPACE IN THIS SPACE	is less than 20, is less than 3, e	enter "20". enter "3".	und in t	ne appropria	te box in	column 1.	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

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CLAIMS AS FILED - PART I (Column 1) (Colu						l (Colum	nn 2)	-	SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							1	RATE	FEE	Γ	RATE	FEE		
TOTAL CLAIMS			(0		NUMBER EXTRA			BASIC FEE	370.00	00	BASIC FEE	740.00		
FOR NUMBER FILED					NUMER	HEXINA			070.00	UK				
TOTAL CHARGEABLE CLAIMS \0 minus 20=					•			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS minus 3 =					•			X42=		OR	X84= .			
MULTIPLE DEPENDENT CLAIM PRESENT									+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in c						olumn 2		TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II									'		•	OTHER THAN SMALL ENTITY		
(Column 1) (Column 2) (Column 3)								<b>)</b>	SMALL		OR	SMALL		
NT A			CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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									TOTAL		OR	TOTAL ADDIT. FEE		
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			• ,		_	,			TOTAL		OF	ADDIT. FE		
	R	E	Fileo	106-	23	-04	(Column	3)	ADDIT. FEE	L	_	PUF	\$170	
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									+140=		Of	1		
1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTA			ADDIT. FI	P770	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														